

ANNUAL LEAVE CARRYOVER REQUEST FORM

DHR-STW-OP-Form #: To be assigned.

Authority: 29 Del. C. § 9003D; Merit Rule 5.2.4

Effective Date: October 23, 2024

Revision Date: October 23, 2024

Supersedes: Request for Annual Leave Carryover Exception Form 11/2017

Part 1: Instructions

Eligible employees requesting to carry over annual leave into the following calendar year over the maximum allowable amount of 318 hours (37.5-hour schedule) or 336 hours (40-hour schedule) must complete this form and submit it to their agency DHR representative by November 30th of the current calendar year for review.

Part 2: Employee Information

Agency Name: _____ Date: _____

Employee Name: _____ Employee ID: _____

Position Title: _____

Part 3: Request Details – To be completed by requesting employee

1. Requested Annual Leave Carryover hours beyond the maximum allowable amount of 318/336 hours: _____ **Note: Do NOT include December accrual. The allowable annual leave carryover amount for eligible part-time employees would be prorated.**
 2. If the requested annual leave carryover amount is over 75 hours (37.5-hour standard work schedule or 80 hours (40-hour standard work schedule), please select the applicable approved leave reason: Family Medical Leave Act (FMLA) Short-Term Disability (STD) Workers Compensation (WC)
 3. Have you requested Annual Leave Carryover hours previously?
 Yes, please provide the year(s) _____ No
- Note: Requests made for two (2) consecutive years shall not be approved.**
4. Please provide a **detailed reason** for requesting Annual Leave Carryover beyond the maximum allowable amount of 318/336 hours:

5. Please provide a **detailed plan** to use Annual Leave Carryover hours by June 30th, the end of the fiscal year.

_____ Date: _____
Name and Signature of Employee

_____ Date: _____
Name and Signature of Supervisor

You may type in your name for your signature. Do NOT use the Fill and Sign or eSign Option.

AFTER COMPLETING THIS SECTION, PLEASE SUBMIT TO YOUR AGENCY DHR REPRESENTATIVE BY NOVEMBER 30TH FOR REVIEW AND APPROVAL.

Part 4: Signature/Approval Section – FOR DHR USE ONLY

_____ Approve Deny Date: _____
Name and Signature of Agency DHR Lead

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party’s electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.